# SCHEDULE 2 – THE SERVICES A. Service Specifications (B1)

Service Specification No.	02/GMS/0028
Service	Outpatient Department Community Hospitals
Commissioner Lead	CCP for General Medical & Surgical
Provider Lead	Norma Lee / Cara Southgate / Sally O'Donnell
Period	2013/14
Date of Review	To be Agreed

## **NHS Outcomes Framework Domains & Indicators**

Domain 1	Preventing people from dying prematurely	*
Domain 2	Enhancing quality of life for people with long-term conditions	*
Domain 3	Helping people to recover from episodes of ill-health or following injury	*
Domain 4	Ensuring people have a positive experience of care	*
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	*

## 1. Purpose

### 1.1 Aims

To provide high quality, cost effective, professional, personalised care for our outpatients in a comfortable and safe environment.

To offer support and understanding to both patients and relatives/carers.

To provide a comprehensive outpatient service to local people. This includes access to diagnostics, medical/surgical consultants or medical practitioners and treatment within specified referral to treatment times;

To offer consulting room facilities to external healthcare providers to ensure patients from other areas have timely access to treatment

To derive income from use of facilities

## 1.2 Evidence Base

- "Our Health, Our Care, Our Say" White paper Care Closer to Home Project.
- NICE guidance
- Essence of Care
- Clinical governance-standards for better health
- PCT policies and procedures for infection control
- Trust Policies Child Protection and Adult Protection
- Trust policies general
- NSFs
- NPSA guidelines

# 1.3 General Overview

Provides a locally accessible outpatient service specialties including:

- Orthopaedics (Consultant and GPwSI-led)
- Haematology
- Urology
- Parkinson's
- Gynaecology, including colposcopy clinics
- Colo Rectal
- Cardiology
- Ophthalmology
- Mental Health
- Orthoptics,
- Glaucoma review
- Elderly Medicine
- ENT
- General Surgery
- Paediatrics
- General Medicine
- Rheumatology (Consultant and nurse-led)
- Acute Back Pain
- Phlebotomy,
- Nurse Led Ulcer Clinic

Please see schedule of Outpatient activity in the Community Hospitals for the period April to December 2010.

## 1.4 Objectives

- To provide safe, professional practice in a caring environment;
- To provide individualised person centred care;
- To promote a multi-professional approach to treatment where applicable;
- To offer the patient choice in relation to his initial appointment and any future appointments/tests/theatre procedures;
- To involve the patient (and his relatives/carers if requested) in his treatment plan;
- To ensure that the patient has understood what his treatment will involve;
- To provide written information for the patient on his condition where appropriate;
- To provide written information for the patient prior to any operation where appropriate;
- To audit and monitor the quality of care provided;
- To comply with the Health & Safety at Work Act;
- To monitor referral rates and liaise with Consultants with regard to extra clinics to ensure that the best use is made of their time.

## **1.5 Expected Outcomes**

We expect to deliver a service that:

- meets patient needs by offering a wide range of specialties and a choice of appointment times;
- provides appropriate information and treatment options to allow the patient to make

an informed choice with regard to their care and then supports that choice;

- supports carers;
- scores highly in patients satisfaction surveys.

All patients will be referred, examined, diagnosed and treated by the chosen consultant/team within 18 week target.

Hospital facilities will be used for appropriate specialties, so that, as far as possible, patients do not have to travel between hospital sites for any part of their care;

#### 2. Scope

## 2.1 Service Description

A wide range of outpatient services in a local setting.

#### 2.2 Accessibility/acceptability

Patients are referred by GPs through the Choose and Book system and paper based referral systems.

Patients are seen and treated within the current Referral to Treatment targets.

Access to the department complies with the DDA regulations and we are aware of and responsive to legislation concerning age, culture, disability and gender sensitive issues.

## 2.3 Whole System Relationships

Teams within the hospital and with staff at other units work together to ensure that the patient's journey from referral to treatment is a smooth and stress-free one.

#### 2.4 Interdependencies

- Consultants and nurse specialists from, Poole, Salisbury, Royal Bournemouth and Dorchester hospitals;
- Day Surgery Units;
- Radiography Departments;
- Information and Admissions teams.

#### 2.5 Relevant Clinical Networks and Screening Programmes

Host Breast screening mobile services on some sites.

All units promote smoke stop and referral to healthy eating programmes.

#### 2.6 Sub-contractors

- Consultants and nurse specialists from, Poole, Yeovil, Salisbury, Royal Bournemouth and Dorchester hospitals;
- Imaging services from Dorchester, Yeovil and Pooler hospitals;
- Theatre services from Salisbury, Poole, Yeovil and Dorchester hospitals;

- Pharmacy and laboratory services from Dorchester, Yeovil and Poole hospitals;
- Othotics services.

#### 3. Referral, Access and Acceptance Criteria

#### 3.1 Geographic coverage/boundaries

Patients referred through the Choose & Book system may be from any GP surgery within Dorset PCT.

## 3.2 Location(s) of Service Delivery

Blandford Hospital Bridport Hospital Shaftsbury Hospital Portland Hospital Weymouth Community Hospital Sherborne Community Hospital St. Leonards Community Hospital Wimborne Community Hospital Swanage Hospital Wareham Hospital

## 3.3 Days/Hours of operation

Monday to Friday, 0830 to 1700.

Occasional evening and weekend clinics

## 3.4 Referral criteria & sources

Referrals must be from GPs or other healthcare professionals and comply with the service specific booking conditions published on Choose & Book.

#### 3.5 Referral route

Referrals are accepted through the Choose and Book system (and on paper when this is down) and by letter from Consultants/other healthcare professionals.

## 3.6 Exclusion Criteria

As listed on Choose & Book

#### 3.7 Response time and prioritisation

Patients will be treated within the Referral to Treatment targets. Urgent patients are seen within four weeks. Consultants will see referrals before the clinic and will expedite the appointment if they consider the appointment is not soon enough.

## 5. Discharge Criteria & Planning

Patients are discharged from clinic at the Consultant/GPSI request.

# 6. Self-Care and Patient and Carer Information

Relevant information on conditions and treatment options are routinely given to the patient to enable him to make an informed choice. Where surgery is required, the patient is also given information about this at the outpatient clinic.

7. Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Method of Measurement	Consequence of Breach
HCAI Control				
Service User				
Experience				
Improving Service				
Users & Carers				
Experience				
Unplanned				
admissions		See schedule	a 3 part 4a	
Reducing Inequalities				
Reducing Barriers				
Improving				
Productivity Access				
Personalised Care Planning				
Outcomes				
Additional Measures for				
Block Contracts:-				
Staff turnover rates				
Sickness levels				
Agency and bank				
spend				
Contacts per FTE				

# 8. Activity

Activity Performance Indicators	Threshold	Method of measurement	Consequence of breach

Activity Plan		

## 9. Continual Service Improvement Plan

- Te review clinics as appropriate
- To develop "one stop " clinics in line with developments from GP commissioning.

## 10. Prices & Costs

## 10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and Volume Arrangement/National Tariff/Non-Tariff Price*		£		£
2009 Quality Payment				
Total		£		£

\*delete as appropriate

# 10.2 Annual Contract Value by Commissioner

Total	Co-ordinating	Associate	Associate	Associate	Total Annual
Cost of	Commissioner	Commissioner	Commissioner	Commissioner	Expected
Service	Total	Total	Total	Total	Cost
£	£	£	£	£	£